State of California—Health and Human Services Agency
Department of Health Services

California Department of Health Services
DIANA M. BONTÁ, R.N., Dr. P.H.
Director

GRAY DAVIS
Governor

November 14, 2003

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY ADMINISTRATIVE OFFICERS
ALL COUNTY MEDI-CAL PROGRAM SPECIALIST/LIAISONS
ALL COUNTY HEALTH EXECUTIVES
ALL COUNTY MENTAL HEALTH DIRECTORS

Letter No.: 03-55

SUBJECT: CAMERA-READY COPIES OF THE REVISED TRANSITIONAL MEDI-CAL NOTICES OF ACTION, THE REVISED TMC FLYER, AND OTHER MISCELLANEOUS REVISED NOTICES OF ACTION
(Ref: All County Welfare Directors Letter No. 03-30 and 03-45)

This letter contains camera-ready copies of various revised Notices of Action (NOAs) and the Transitional Medi-Cal (TMC) flyer.

The TMC Program

The revised TMC NOAs and the TMC flyer no longer reference a second year of TMC because that program ended on September 30, 2003. No new persons may be reported to the Medi-Cal Eligibility Data System under aid codes 5X and 5Y.
The revised English and Spanish versions are:

1. MC 239 TMC-1 Approval for Full or Restricted Benefits – Revised
2. MC 239 TMC-1 (SP) Approval for Full or Restricted Benefits – Revised
3. MC 239 TMC-2 Denial or Discontinuance of Benefits – Revised
4. MC 239 TMC-2 (SP) Denial or Discontinuance of Benefits – Revised
5. MC 325 TMC Flyer- Revised

NOTE: All County Welfare Directors Letter 03-45 discussed that the first year federal TMC program had a sunset date of September 30, 2003. This has been extended until March 31, 2004.

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The 100 Percent Program

This program is for children and persons under age 19; however, the NOAs only made reference to children up to the age of 19. These NOAs have been changed to address those persons up to the age of age 19 who meet the definition of an adult rather than a child.

6. MC 239 H Approval for the 100 Percent Program – Revised
7. MC 239 H (SP) Approval for the 100 Percent Program – Revised
8. MC 239 G Denial or Discontinuance of Benefits Under the 100 Percent Program – Revised
9. MC 239 G (SP) Denial or Discontinuance of Benefits Under the 100 Percent Program – Revised

Corrected Spanish NOAs

Two Spanish NOAs are enclosed which had some corrections. These are:

10. MC 239 B-2 (SP) Approval for Special Zero Share-of-Cost 200 Percent Program for Pregnant Women and Babies up to One Year Old
11. MC 239 P (SP) Benefits Restricted to Emergency Medical and Pregnancy Related Services

If you have any further questions, please contact Ms. Margie Buzdas of my staff at (916) 552-9481.

Original signed by

Beth Fife, Chief
Medi-Cal Eligibility Branch

Enclosures